

State EMS Advisory Board Meeting
Friday, November 15, 2002
1:00 p.m.
Hilton Richmond Airport, Richmond, Virginia

Attendees: Sherrin C. Alsop (VA Assoc. of Counties); Donald R. Barklage, Jr. (Northern VA EMS Council); Scott R. Chandler (Associated Public Safety Communications Officers); Gary P. Critzer (VA Federation of EMS Councils); Chip Decker (VA Ambulance Association); May H. Fox (Consumer); Michael S. Gonzalez, M.D. (VA College of Emergency Physicians); Theresa E. Guins, M.D. (American Academy of Pediatrics); Catherine Hudgins (Virginia Municipal League); James B. Hurlock, Jr. (VA State Firefighters Assoc.); Rao R. Ivatury, M.D. (American College of Surgeons); George W. Langford (VA Assoc. of Volunteer Rescue Squads); Elizabeth Jo Martin (Peninsulas EMS Council); Stewart W. Martin, M.D. (Medical Society of Virginia); Genemarie W. McGee (VA Hospital & Healthcare Assoc.); David B. Palmer (VA Assoc. of Governmental EMS Administrators); Michael B. Player (VA Fire Chiefs Assoc.); Morris D. Reece (Western VA EMS Council); John E. Snyder (Old Dominion EMS Alliance); Page Verlander (VA Emergency Nurses Assoc. / VA Nurses Assoc.); Karen D. Wagner (VA Assoc. of Volunteer Rescue Squads); and Kent Weber (Tidewater EMS Council)

Absent: Earl N. Carter, Jr. (**Excused**); and Robert V. Crowder, III (**Excused**)

Staff: Gary R. Brown; Scott Winston; Carol Morrow; Deborah Edwards; Karen Head; Ken Clark; Warren Short; Bat Peachy; Terry Coy; David Cullen; Jimmy Burch; Melissa Doak; Kenny Updike; and Irene Hamilton

Others: Connie Purvis (Blue Ridge EMS Council); Melinda Duncan (Northern VA EMS Council); Rob Logan (Western VA EMS Council); Don Wilson (Peninsulas EMS Council); Scott Schuler (City of Harrisonburg Fire Dept.); Jim Chandler (Tidewater EMS Council); Wanda Legge (Lord Fairfax EMS Council); Michael Berg (Thomas Jefferson EMS Council); Tina Skinner (Rappahannock EMS Council); Petra Menzel (Emergency Medical Services for Children); Jay J. Brown (Loudoun County Fire-Rescue); Gary Dalton (VA Assoc. of Volunteer Rescue Squads); Danny Wildman (Lifecare); Jason Campbell (Virginia Professional Firefighters); Jay King (Lifecare); J. David Barrick, Newport News Fire Department; and Cathie Hutchins (Attorney General's Office)

Call to Order: David Palmer, Chair, called the meeting to order at 1:07 p.m.

Mr. Palmer had all Advisory Board members introduce themselves.

Approval of August 9, 2002 Minutes: The Chairman entertained a motion to accept the minutes from the August 9 meeting. A motion was made and properly seconded, and the minutes were accepted as presented.

Approval of September 17, 2002 Minutes: The Chairman entertained a motion to accept the minutes from the September 17 meeting. A motion was made and properly seconded, and the minutes were accepted as presented.

Approval of the November 15, 2002 Meeting Agenda: The Chairman entertained a motion to adopt the proposed agenda for this meeting. A motion was made and properly seconded, and the agenda was accepted as presented.

Chairman's ReportDavid Palmer

Mr. Palmer said that he had corresponded with board members via email prior to the meeting. Mr. Palmer noted that he is committed, along with Don Barklage and Gary Brown, to corresponding with the committee regularly via email regarding issues of concern to the Board.

Mr. Palmer has appointed an Ad Hoc Committee to help with some of the Board's work. Kent Weber is Chair of the committee. Other members are Bruce Edwards (Emergency Medical Services Director for Virginia Beach), Bill Bullock (President, VAGEMSA; and recently retired Battalion Chief for Fairfax); Rob Logan (Chair, Regional Directors Council); and Dr. Bob Powell (former Chair of EMS Advisory Board. The purpose of the Ad Hoc Committee is to advise and make recommendations to the Board on changes and updates to the Advisory Board By Laws. The Ad Hoc Committee will also review the Virginia Code that stipulates the duties and responsibilities of the EMS Advisory Board. Mr. Palmer talked about an issue that arose at the special called meeting on September 17 regarding the election of officers. Because appointments to the Board are sometimes not made until after current Board members terms have expired, the Ad Hoc committee will be looking at language to address this issue and to specify that nominations and elections are held once all appointments have been made.

Mr. Palmer recognized and congratulated the Office of EMS staff for the fine job they did with the EMS Symposium again this year. Several legislators and state officials attended the Governor's Award banquet that was held at the Symposium. During the Symposium, Mr. Palmer met with representatives from VAVRS, OEMS and Frederick County to discuss some financial challenges they are facing. Dave Palmer also held a meeting during the Symposium with the EMS councils that form the Federation to discuss some ideas of representation on the Board. The Ad Hoc Committee will work on that issue.

Vice-Chairman's ReportDonald Barklage

Don Barklage and Dave Palmer met with Dr. Gilbert at the EMS Symposium to discuss some of the details surrounding the possible implementation of the procedures and medications schedule. Mr. Barklage reminded board members to get motion forms from Irene if they are going to make a motion. Board members were also told to be sure and turn in reimbursement travel requests when traveling for Advisory Board or standing committee meetings. They should get travel reimbursement forms from Irene.

Don Barklage encouraged new members to become involved with one or more of the standing committees of the Advisory Board. He also emphasized the importance of having current contact information, including email addresses for all board members. Please make sure Irene gets all address, phone and email changes as soon as possible.

Mr. Barklage reminded committee chairs to be sure to get meeting minutes to OEMS staff as soon as possible. Mr. Barklage said that Dave Palmer and he would work with any new board members who did not attend the orientation in September to get them oriented on the EMS Advisory Board. Mr. Barklage also commended the Office of EMS on doing a great job at the EMS Symposium.

Attorney General's OfficeDave Palmer
Cathie Hutchins from the Attorney General's Office attended this meeting. The Attorney General's office report will be a regular part of all future board meetings. Mr. Palmer asked board members who have issues that require a legal opinion to forward them to him as soon as possible so that the Attorney General's office will have at least two weeks to review the questions; and then answer questions as part of their report at each Board meeting.

Office of EMS Reports

Director Gary Brown
Mr. Brown referred everyone to the Office of Emergency Medical Services Report to the State EMS Advisory Board. This report reviews current issues and work of the Office of EMS. Mr. Brown reminded the board members that a draft copy of these minutes would be posted on the Commonwealth Calendar within 10 days of today's meeting. Also, all standing committee minutes will be posted on the OEMS web site in a timely manner in the future.

Budget: Mr. Brown discussed the state budget shortfall and reviewed current reduction cuts and how the Office of EMS has been impacted. In the first round of budget cuts, the Office of EMS was targeted for \$985,000 from General Funds money. This was taken from the money received in the last legislative session. The Office of EMS made internal reductions for a total reduction of \$1,070,000. Another round of reductions is expected, and the Office of EMS is expecting a similar amount of budget reduction. Mr. Brown explained to the Board members that an area of concern is "cash balances". The Office of EMS carries forth cash balances because of how their grant cycles run and also because of the Two-for-Life funds. Mr. Brown pointed out that even though it seems like the Office of EMS has a large cash balance, in actuality, it is all encumbered money.

Mike Player asked the question about the possibility of moving to one grant cycle a year to reduce the cash balances. Mr. Brown explained that this possibility has been discussed several times in the past and discussed some of the reasons that he felt this was not an ideal solution. However, Mr. Brown said that with the budget situation being so severe OEMS might possibly have to go to one grant cycle.

Non-Emergency Wheelchair Transport: At Mr. Brown's request, Mr. Scott Winston discussed this issue. Mr. Winston explained how non-emergency wheelchair transport operators are governed by three agencies (the Office of EMS, the Department of Medical Assistance Services, and the Department of Motor Vehicles). The Office of EMS has the responsibility of licensing these non-emergency vehicles. The Office of EMS has felt for sometime that these vehicles and operators best be served by one of the other involved agencies. In 1999, the State EMS Advisory Board unanimously supported a position paper presented to them by the Office of EMS to that effect. For several reasons, however, this change was never made; and OEMS is still the licensing agency. Recently, the Department of Medical Assistance Services approached the Office of EMS about what it would take in order to create a new category of transportation vehicle. This would be a vehicle in which you could transport non-emergency patients on stretchers in the back of a van. Currently, the use of a stretcher is prohibited in a wheelchair transportation vehicle. This is an economics issue, because it has been determined that by transporting non-emergency patients on a stretcher in a van as opposed to an ambulance there would be a substantial cost savings. The Office of EMS (Gary Brown, Scott Winston and Jimmy Burch) met with the Department of Medical Assistance Services (Pat Finnerty, Director and other DMAS staff) to discuss this issue. DMAS is considering proposing legislation in the upcoming session that would transfer responsibility of wheelchair transportation

services and this new vehicle called a “stretcher van” to the Department of Medical Assistance Services.

Another issue of concern regarding wheelchair transportation vehicles is payments. Currently, the Department of Medical Assistance Services contracts with two companies to provide non-emergency medical transportation services, Dyntek and Logisticare, who in turn have contracts with numerous transportation providers. DMAS is experiencing some problems with one of contractors, Dyntek, who is currently unable to pay their providers. This has created a problem for the providers who are not being paid, and a lot of them are dropping out of the program. This has presented a problem for DMAS in providing services to their recipients. The Board discussed this issue at some length.

2002 Governor’s Outstanding EMS Awards Gary Brown

Mr. Brown announced some of the Governor’s Awards recipients. Dr. Carol Gilbert received the Award for Excellence in EMS and Robert Logan received the Outstanding EMS Administrator award.

State EMS Medical Director’s ReportDr. Carol Gilbert

Dr. Gilbert was not in attendance (excused), and no report was given.

Communications Committee.....Scott Chandler

The committee has not met since their last meeting and they have no action items. The next meeting is scheduled December 4 at the Office of EMS.

Housekeeping Issue: Dave Palmer informed the board that one member has resigned their position on the Board because they did not belong to the State Fire Chief’s Association, the organization they were appointed to represent. Mike Player has been appointed to replace that individual on the Board.

CISM Committee Liz Martin

The committee has not met since the last Board meeting. The next meeting is scheduled on next Wednesday, November 20, 2002. They have no action items. Five training classes have been held this year. Due to changes in the budget, two classes planned for the end of the year have been postponed. The 2003 Virginia CISM Annual Training is scheduled in Virginia Beach on May 28-31, 2003.

EMS Emergency Management Committee Michael Gonzalez, M.D.

The EMS Emergency Management Committee on Wednesday, November 13, 2002. At the meeting, the committee revised the Mission Statement for the committee and forwarded it to Dave Palmer for action by the EMS Advisory Board. The committee also reviewed the committee membership history, and proposed a revision to the membership composition. The proposed membership would be composed of 14 primary members and an additional nine Ad Hoc members. This list has been presented to the Chairman, Dave Palmer, for action by the EMS Advisory Board. The committee also started defining some goals.

Emergency Medical Services for Children.....Theresa Guins, M.D.

The EMSC Committee met November 14, 2002. They have some information items. They have received a grant from DMV Highway Safety Funds. The grant is for \$22,000. The committee decided that these funds should be used for Pediatric Education, specifically for pediatric courses approved by the Office of EMS. The additional funds are being used for supplies.

Evaluation CommitteeKent Weber

The Evaluation Committee was recently reactivated. They have no report and they have no members currently except for Mr. Weber.

Ad Hoc Committee.....Kent Weber

The Ad Hoc Committee met earlier in the day. They will next meet on December 5 at the Office of EMS at which time they will be working on revising the By Laws. Board members were asked to let any of the committee members know if they have anything they would like to contribute regarding the By-Laws.

Financial Assistance Review CommitteeEd Snyder

The Financial Assistance Review Committee has no action items, but they do have some informational items. The committee met on November 7 at the EMS Symposium and spent most of its time discussing the budget crisis and the impact it might have on RSAF funding in the future. The committee discussed several strategies for streamlining the grant process and suggestions for getting the balances down. Some of the possibilities, are the awards being made as soon as the grants are approved. Another possibility is the possibility of doing an electronic transfer with the localities. The committee realizes this would bring up accountability issues; but they will look at them at a later date

At Symposium Carol Morrow and Linwood Pulling conducted a class on grant writing. Chris Slempp and Ed Snyder attended to answer questions. Because of the budget problems, members of agencies attending the class were highly encouraged to draw down their funds and make their purchases as soon as possible. The F.A.R.C. committee will be brainstorming over the next several weeks to come up with some changes in the RSAF distribution process and Mr. Snyder will make a report to the Advisory Board on the committee’s recommendations at the February 2003 meeting. The committee is currently grading 120 RSAF grant applications for a total of \$4,182,841.12. The next meeting will be on December 6 at the Office of EMS.

Human Resources and Training Committee.....David Palmer

The committee does not have any action items. The committee is currently working with the Medical Direction Committee several issues issues, particularly the Procedures and Medications Schedule, and also the Physicians Update process. The committee is continuing to work on the Training Administration Manual. This manual will be distributed shortly.

Medevac Committee Genemarie McGee

The State Medevac Committee has one action item. Genemarie McGee made the following motion.

MOTION: The State Medevac Committee would like to make a motion that MedFlight III, State Police Base in Roanoke, Virginia and VCU Life-Evac, Virginia Commonwealth University be made voting members of the State Medevac Committee.

Ed Snyder seconded the motion and the Chair opened the floor for discussion. There was no discussion and the vote was taken.

Yeas=22; Nays=0; Abstention=0. The vote was carried unanimously.

The committee is continuing to work on a LZ Directory as well as the Helicopter Operations component in Emergency Management Plan. The committee is also working on Location and Identification of Cellular Communication Towers; and the Prospective Study of Medevac Utilization – working towards a 2-3 month pilot that encompasses both prehospital and hospital.

The next meeting is January 29 at the Office of EMS.

Medical Direction Committee..... Stewart Martin, M.D.

The Medical Direction Committee met on September 25. They have a couple of informational items, as well as, one action item. They are continuing to work on the medication and procedures for specialty teams as well as update of the medications and procedures for the standard providers. The committee is submitting a request to the Office of EMS that data be available to Medical Directors for their specific needs regarding prehospital provider status. The computer system is not easily available at this point.

The action item is found in the Quarterly Report, “Rural EMS Position Paper”. This position paper was approved by the Medical Direction Committee on September 25, 2002. Dr. Martin made the following motion. Dr. Martin gave background information on the purpose of the position paper, (see below) and then made the following motion.

<p>Rural EMS Position Paper Submitted by Dr. Peter Bruzzo and Dr. Sabina Braithwaite Approved by Medical Direction Committee on September 25, 2002</p>
<p>In order to assist the Office of EMS and the Commissioner of Health in evaluating applications for waiver of the requirement for an EMT to be in an ambulance where ALS care is provided (cite #), the Medical Direction committee has created the following document to provide additional insight into the pertinent issues.</p>
<p>Our sense is that this exemption should generally be limited to rural EMS agencies. Defining a rural EMS agency is difficult, but characteristics may include: low call volume, or volume high relative to personnel available, predominantly volunteer staffing, sparsely populated service area, long transport times to hospitals, and lack of additional resources or timely, reliable mutual aid assistance. Supporting information addressing which of these characteristics apply to the agency requesting the exemption should be included in the waiver application.</p>
<p>Adequate staffing of EMS agencies in underserved areas can be a critical determinant of response time and level of care provided. Many rural agencies function with a completely volunteer staff, while others are using various arrangements of a mostly volunteer staff supplemented by a paid medic on duty at the station, this often being done during weekday hours only.</p>
<p>Dispatching and staffing of volunteer personnel response for a 911 EMS call is done in one of two general ways. Some agencies have "on call" schedules for their personnel, which obligate pre-assigned crews from the agency's roster to be available by 911- dispatched radio or pager and to respond to any call during their "on call" period. Other agencies "tone out" all personnel for a call and utilize whichever personnel are able to respond.</p>
<p>Some agencies use a combination of these two methods. Depending upon the "mix" of the various EMS certifications on an agency's roster, and upon the time of day and usually unpredictable availability of the agency's personnel, the response might be rapid and appropriately staffed or might be delayed and/or less than adequately staffed. An example of this would be a 911 EMS call requiring Advanced Life Support (ALS) for which only a Basic Life Support response was affected because of the unavailability of ALS personnel. Even when those agencies employing a paid medic/s have a call when the medic is on duty, the agency often, if not most times, still needs to request its volunteer personnel to assist with a call.</p>
<p>It is important to keep in mind that the above description of rural EMS agency staffing and response methods are just for a single or a "first" EMS call for one patient. Multiple patient calls, typically involving motor vehicle accidents, and additional simultaneous "second" or even "third" calls often if not always put an immediate strain on an agency's staffing capacity. Responding to such a second and/or third call might have to be accomplished with a bare minimum staff per ambulance, versus no response at all by that agency or a dangerously (and equally unpredictable) mutual aid response by a nearby agency.</p>

As is the case with all of Virginia's EMS Regulations, those regulations regarding ambulance staffing are focused on providing and maintaining patient safety and quality of care. For instance, the regulations require that an ALS ambulance respond with a minimum of two personnel, one of which obviously must be certified at the EMT-CT or EMT-P level, while the other must be certified at least at the EME-B level. This is a very reasonable requirement and in fact it could be argued that a third person might be required as a driver allowing the EMT-B to be in the back with the ALS person throughout the transport. However, the reality in some rural EMS agencies, given the staffing and response methods discussed above along with their attendant problems, is that dispatching an ambulance/s to "second", "third", or even multiple- patient "first" ALS calls would not occur in a timely manner or at all if those agencies were strictly held to regulation staffing requirements. This has resulted in a number of rural EMS agencies requesting exemptions to the otherwise reasonable staffing regulations, thereby permitting them to respond to ALS level calls with the necessary EMT-CT or EMT-P and a driver who might be a non-EMT staff member, firefighter, or law officer. The reasoning behind this type of exemption request is that a rapid response by an ALS level EMS person, along with the proper equipment carried on an ALS ambulance, further assisted by a non-EMT driver who probably is CPR certified, could clearly result in life saving interventions being employed in a timely manner. This would be in contrast to those same two personnel waiting on the ramp at the station unable to respond because of the lack of an EMT-B or an unacceptably delayed response by a mutual request, either of which might result in unnecessary patient harm or death.

MOTION: The Medical Direction Committee presents the "Rural EMS Position Paper" to the Advisory Board for their approval.

The motion was properly seconded by Jim Hurlock, and the Chair opened the floor for discussion.

The committee discussed this motion at length. Following discussion, the Chair called for the vote.

Yeas = 21; Nays = 0; Abstentions = 1 (Kent Weber). The motion was carried.

Public Information and Education.....Karen Wagner

The PI&E Committee met in October. They have no action items. They are continuing to work on the progress of the production of the Success Story video. They have three committee members who taught classes at Symposium. Classes were taught on Recruitment and Retention, Working With News Media, and one on Saving Time in Your Professional and Personal Life. The next meeting is scheduled in January.

Regulation and Policy Committee.....Donald Barklage

The committee met on November 14 at the Office of EMS. They have no action items. They are continuing to try and reconstitute the Regulation and Policy Committee with new board members and reappointment of board members. Presently, Ed Brazle, Bob Crowder, Gary Critzer, and Don Barklage are on the committee. They are looking for someone from the Western area to serve on the committee, as well. The committee is continuing to work on the Rules and Regulations and the appending document known as the Compliance Manual. The staff has worked very hard to keep the document current. The Compliance Manual should be sent to the agencies in the near future. As additions are put in the Compliance Manual, they will be posted on the web site and sent out through the list server. The Office of EMS has a Notice of Intended Regulatory Action pending to begin working on regulations for the Financial Assistance Review Committee and Regional Councils. The committee is also continuing their work on the draft Code of Ethics document for Advisory Board members. Board members will probably have a draft of this document via email to review, and it will probably be discussed at the next meeting. A lot of time was spent discussing the impact of Medications and Procedures Schedules and the implementation modification language. The next meeting is February 6, 2003 at the Office of EMS.

Transportation CommitteeChip Decker

The Transportation Committee met on October 11. Representatives from Wheeled Coach, the vendor for the state ambulance contract, attended the meeting. The state ambulance contract was renewed

for an additional year. The committee is contemplating bidding on the ambulance contract before exhausting all the new renewals. The committee wants to conduct a survey to get thoughts about other ambulances, and invite comment from interested individuals. The next meeting of the committee is scheduled January 24 at the Office of EMS.

Trauma System Oversight & Management..... Morris Reece

The Trauma System Oversight and Management Committee have not met since September 17. They have no action items. The committee is continuing to work on the State Trauma Triage Plan. They are addressing current statutory requirements as well as the work of the 1996 Trauma Triage Task Force. They are continuing to work on a number of issues involving the Trauma Registry, including integration of the other trauma registry into the internet-based application. They have completed three trauma system site surveys and they have one more review this year. The issues on the Poison Control Center will be discussed at the committee's next meeting, December 5.

Regional Council Executive Directors Rob Logan

The Regional Council Directors met on November 14. They have no action items. The Regional Councils support the Position Paper developed by VAGEMSA regarding EMS funding issues. The Regional Councils are planning to develop some fact sheets to distribute to the General Assembly. Dr. James Cisek, the Hospital Preparedness Coordinator for the Virginia Department of Health, made a presentation to the Council Directors at their November 14 regarding some of the Health Department's bioterrorism issues.

The Regional Council Directors held election on November 14. Officers are: Chair – Rob Logan (Western Virginia EMS Council); Vice-Chair – Mike Berg (Thomas Jefferson EMS Council); Secretary – Tina Skinner (Rappahannock EMS Council); Treasurer – Connie Purvis (Blue Ridge EMS Council).

PUBLIC COMMENT PERIOD

None.

Board Member Organizational Presentation:

The following organizations made brief presentations to the Board to give an overview of their member organizations.

Regional Council Executive Directors - Rob Logan gave a presentation outlining history, function and some of the activities undertaken by the Regional Councils.

Virginia Hospital & Healthcare Association – Genemarie McGee gave a brief presentation that outlined the organization she represents on the State EMS Advisory Board. Ms. McGee gave some history of the association and an overview of organization's mission and services the association offer.

Northern Virginia EMS Council – Don Barklage talked about the Northern Virginia EMS Council, the organization he represents on the State EMS Advisory Board. Mr. Barklage gave some history about the organization. He talked about the area covered by the organization and talked about the services they offer.

Virginia Association of Governmental EMS Administrators (VAGEMSA) – Dave Palmer gave an overview of VAGEMSA and the makeup of its memberships. Mr. Palmer talked about their mission and discussed some of the projects and services offered by VAGEMSA. Mr. Palmer introduced Bill Bullock, the newly elected president of VAGEMSA. Mr. Palmer distributed a Position Paper developed by VAGEMSA in regards to EMS Funding “VAGEMSA Position Paper: FY-2003 State Budget Issues” that the Board might want to consider acting upon.

Board Organization Presentations at February meeting: Gary Critzer is going to do a presentation at the February meeting on Virginia Federation of EMS Councils. Mr. Palmer told board members that there are still two spots available for other presentations at the February meeting.

OLD BUSINESS:

EMS Advisory Board Goals and Objectives:

Mr. Palmer reviewed the Advisory Board goals based on the current By-Laws. The Ad Hoc Committee is also currently reviewing the goals and objectives.

According to the Emergency Medical Services Advisory Board Bylaws:

1. Advise the Board of Health of Virginia EMS System issues.
2. Review and make revisions to the State EMS Plan.
3. Review and comment on all proposals for federal and state funds for the EMS system components.
4. Conduct meetings as necessary, no less than four per year.
5. Provide information to State legislators and the Governor.
6. Perform other duties as may be assigned by the Commissioner of Health.
7. Committee Chairs and the Chair of the Board have some specific responsibilities in the Bylaws. The Chair prepares an annual report to the Board of Health, the Commissioner of Health, and the Governor on an annual basis. Committee Chairs is tasked with providing committee level annual reports to the Chair by July 1. The Chair's Report is expected to go by the third meeting of the year. (Mr. Palmer said that there has been some discussion about this because it is not defined whether it is fiscal year or calendar year. The Ad Hoc Committee is looking into that).

Mr. Palmer then reviewed the Virginia Code in reference to the EMS Advisory Board.

1. The State EMS Advisory Board shall advise the State Board of Health in the administration of this article.
2. Review and make recommendations from the Statewide EMS System Plan and any revisions.
3. Review the annual financial report of the Virginia Association of Volunteer Rescue Squads as required in that particular code. (This is not in the Bylaws; and it relates specifically to the Two-for-Life 2.5% state appropriation).
4. Review on a schedule as the committee determines reports on the status of all aspects of the EMS system, including the Financial Assistance Review Committee (F.A.R.C.), Rescue Squad Assistance Fund for grant programs, the Regional EMS Services Councils, and the EMS system vehicles. Review the reports submitted by the State Office of EMS.
5. Advise the Board on the requirements for registration and training for the use of automated external defibrillators.

Mr. Palmer asked the Board for their suggestions on additional goals for the year for the Advisory Board. Mr. Palmer suggested that board members might need more time to think about goals, and they could get back to him as soon as possible. Mr. Palmer said that the Ad Hoc Committee would be working on one of the goals, revising the By-Laws. The Ad Hoc Committee will also

be looking at the composition of the Board. The former Federation of EMS Councils has asked Mr. Palmer to look at the current representation of seats on the Board.

May Fox made the following motion as a suggestion of the best way for the Advisory Board to develop goals.

MOTION: THE AD HOC COMMITTEE WILL FORM A GOALS LIST BASED ON RECOMMENDATIONS THEY RECEIVE FROM BOARD MEMBERS AND PRESENT THEM TO THE ADVISORY BOARD AT THE NEXT BOARD MEETING.

The motion was properly seconded by George Langford, and the Chair opened the floor for discussion.

Dr. Gonzalez suggested that the Chairs of the committees develop their committee goals and submit them to the Ad Hoc Committee. The Ad Hoc Committee would review all of the goals submitted by the committees and develop some global goals for the Advisory Board as a whole.

May Fox accepted Dr. Gonzalez' suggestion as an amendment to her original motion. The amended motion would read as follows:

AMENDED MOTION: THAT THE AD HOC COMMITTEE OF THE BOARD RECEIVE INPUT FROM EACH STANDING COMMITTEE AND BASED ON SUCH INPUT, AS WELL AS ANY INPUT FROM INDIVIDUAL BOARD MEMBERS, RECOMMEND TO THE FULL BOARD A SET OF GOALS AND OBJECTIVES FOR THE BOARD TO ACHIEVE OVER THE NEXT 12 MONTHS. THE AD HOC COMMITTEE SHALL REPORT TO THE BOARD AT ITS FEBRUARY MEETING.

The Chair asked if there was any additional discussion on the amended motion. Hearing none, the vote was taken.

Yeas=22; Nays=0; Abstention=0. The vote was carried unanimously.

Advisory Board Training Program – Effective Board- Mr. Palmer suggested some training for the Board to help them become a more effective board.

EMS Regulations :

Mr. Palmer reported that since the regulations have been approved, a lot of discussion has taken place as to how agencies would be brought into compliance. Especially with the budget cuts, there is concern that some smaller agencies may not have funds to meet compliance timely; and there is concern as to how these situations would be handled.

Enforcement and Compliance - Mr. Brown asked Dave Cullen, OEMS staff, to address the Board as to how they will enforce the new regulations that will take effect on January 1, 2003. Mr. Cullen said that OEMS intends to handle agencies in a reasonable manner. When agencies are not meeting compliance, they will issue a follow up to the agency. In cases of equipment needs, OEMS will work with the agency to obtain a grant to purchase the item, and will give them time to purchase the equipment and get into compliance. Citations will be issued in cases where agencies refuse to meet compliance.

Procedures and Medications Schedule – Dave Palmer said that he wanted to make a motion on behalf of VAGEMSA, the organization he represents on the Advisory Board. In order to do this, Mr. Palmer asked Don Barklage, Vice-Chair of the Advisory Board, to take charge of the meeting, and he would step aside from the Chair’s seat, in order to present his motion.

MOTION: A RECOMMENDATION TO THE COMMISSIONER OF HEALTH: That the EMS Medications and Procedures schedules (dated 2-8-02), as referenced in the Rules and Regulations Section 12VAC5-31-1050 “Scope of Practice”, be deferred from implementation until such time as the Medical Direction and Regulation and Policy Committees bring forth, for Board approval, a consensus document that addresses a comprehensive state-wide scope of practice and a detailed procedure for modification.

The motion was seconded by Mike Player, and the Vice-Chair, Don Barklage, opened the floor for discussion.

The Board discussed the legality of delaying implementation of the regulations once they have been approved by the Governor. Dr. Martin said that the Medical Direction Committee put an enormous amount of work into compiling these documents and they stand by these documents. They believe that there was adequate discussion on them. Mike Player said that the EMS Committee of the VA Fire Chiefs Association received significant feedback at its last meeting regarding the impact this document would have on existing systems and it appears that there is a significant level of impact felt by certain regions within the Commonwealth if it goes as proposed.

Don Barklage told the Board members that whereas the Rules and Regulations received significant public comment during the public hearing process, these referenced documents did not receive the same amount of public comment. Mr. Barklage said that at the February 8 Advisory Board meeting the Medical Direction Committee presented these documents; and they were approved as a draft document with the request specifically to address those additional issues raised by Dr. Martin. It is Don’s interpretation that since it was a draft, the document would have to come back before the Board to be reviewed as a board action item. To his knowledge that did not take place. Dr. Martin said that they were approved at a meeting but did not recall the meeting. Mr. Barklage said that the meeting he was familiar with they were approved as a draft. Chip Decker said that he was not of the opinion that the Advisory Board approved documents in draft format. He feels that if a document is presented to the Advisory Board as a draft then once it is approved it becomes a final document.

Cathie Hutchins, from the AG’s Office, said the Advisory Board can take some action, but must notify the public that this is going to happen. However, the Board and staff, can exercise some discretion on compliance. The agency has enforcement discretion about when they are going to enforce regulations. A reasonable timeframe is about six months. Cathie thinks the Board could be subjected to a challenge for a change in regulation because the regulations have already completed the administrative process and been approved by the Board of Health, the Department of Planning and Budget and the Governor. They have been published in the Virginia Register with a January 1, 2003 effective date. If the Board was going to vote to adopt it as final at this meeting - that is something they could not do. The Board of Health has already voted to accept the regulations as final document. The State EMS Advisory Board can make a recommendation to the Board of Health to consider amending the regulations.

Hearing no more discussion, the vote was taken.

11 Ayes; 4 Nays; 1 Abstention. The motion carried.

NEW BUSINESS-

Virginia's First DMAT Approved:

VA-1 DMAT has been approved and authorized by the U.S. Public Health Services Office of Emergency Preparedness. It will be posted in Norfolk with co-sponsoring from York County Department of Fire and Life Safety and the Office of EMS.

VAGEMSA Position Paper:

Mr. Palmer said that board members would be corresponded with via email to seek their support for the VAGEMSA Position Paper.

State Ambulance Contract – Mike Player said that they have received a report that the new ambulance contract has been approved. However, because new regulations go into effect January 1, he is concerned that since it is an extension of an older contract, should they do something to encourage the Transportation Committee or State to look at modifying if necessary that contract to be sure that agencies that get new ambulances under that contract, that the ambulances meet the new regulations. Chip Decker said he has no objection to that. George Langford said that the very first paragraph of the contract states that the ambulances will be built to current KKK Standards which is mirrored into the contract and that has met with the requirement of the regulations. The term “current” requirements are already in the contract. Carol Morrow says that F.A.R.C. had discussed adding 10 percent to any ambulance that is awarded with that contract because things like light bars that are not included in the contract but they think should be funded as basic EMS.

Dr. Gonzalez proposed that at the next meeting they discuss and make a decision of the Stretcher Vans. Dr. Gonzalez talked about problems he experiences in the emergency room trying to get non-emergency patients transported out of the emergency room. He emphasized that it is an important issue and the Board should take a position on this issue. Also Dr. Gonzalez asked for a vote on the number of members of any committee, changing the bylaws. Dave Palmer asked for an email from Dr. Gonzalez on the EMS Emergency Management Committee revision request. Mr. Palmer said he has asked Gary Brown to keep the Board informed on all the issues regarding DMAS, and he said he realizes that the Board will need to take a position on this issue.

The issue with DMAS was discussed at some length. Mr. Palmer said that he would send a letter to the Director of DMAS on behalf of the Board discussing the concerns of the State EMS Advisory Board. Mr. Palmer suggested that Liz Martin and Mike Player might help him with the language in the letter.

Hearing no more business the meeting was adjourned at 4:20 p.m.

Next Meeting is scheduled, Friday, February 7, 2003 at The Place at Innsbrook, located at 4036-C Cox Road.

Respectfully submitted,

Irene M. Hamilton